APPLICATION FOR RESIDENTIAL LEASE

Phone: 859-903-9300 Fax: 866-900-5103 Email:Maplelakeapartments@gmail.com

Please complete this application with all pertinent details. If accepted as a tenant, this application will become a part of the lease agreement.

APPLICATION FEE \$25.00 Cash or Money Order

Full Legal Name:		Phone#		
Social Security #	DOB:	Driver lice	nse # & State	
Current Address:		Zip Code		
How Long Email Address		Do you have any Pets?		
Landlord Contact information:				
Previous Address:			How Long?	
Landlord Contact Information:				
			Less than 1 year use back of sheet	
Employer Address:			Phone#	
Contact name:		Phone:		
Gross Income: per (mont	:h) Other Income:			
Names of all other occupants (All po	ersons occupying p	premises must be	listed): Names and DOB.	
Autos you will park at leased address: \	/earMake,	/Model	Plate#	
YearMake/Model		Plate#		
Have you ever been convicted of a felo	ny? (Yes/No) If yes	, explain:		
Have you ever filed bankruptcy? (Yes/N	No) If yes, when	?		
Have you ever been evicted from an	y type of housing?	Y (Yes / No)		
In case of Emergency Notify:		Pho	ne:	
Applicant(s) represents to the Lessor that to securing a lease agreement on the above			rrect, and that the same is given for the purpose	
if this application is executed simultaneous determined to be false, or if verification of	s with a lease, then lar references, credit rat or his designated repr	ndlord may void the loing, criminal record, one can be seen tative, to verify	authorized representative of the landlord, and ease if any information in this application is or employment history reveals any adverse any of the information in this application by	
Perspective Tenant Signature		Date	::	